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WRITE MAINLY WITH UNFADING INK. THIS IS A PERMANENT FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classed. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
COUNTY	DISTRICT	BUREAU OF VITAL STATISTICS	ORIGINAL CERTIFICATE OF DEATH
<u>Cochise</u>	<u>Hereford</u>		49
TOWN OR CITY		NO.	TERRITORIAL INDEX NO. <u>710</u>
		(If death occurred in a Hospital or Institution, give NAME instead of Street and number.)	COUNTY REGISTERED NO. <u>161</u>
FULL NAME		ST. LOCAL REGISTRAR'S NO.	
<u>Mrs Mollie Ratliff</u>			
PERSONAL AND STATISTICAL PARTICULARS.			
SEX <u>Female</u>	COLOR or RACE White Black Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>March</u> <u>28</u> <u>1913</u> (Month) (Day) (Year)
DATE OF BIRTH <u>August</u> <u>10</u> <u>1868</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u> <u>Dr. Hawley of Bisbee Arizona</u> Was disease contracted in Arizona? If not, where? <u>not collected</u> CONTRIBUTORY <u>March - 27th</u> (Duration) yrs. mos. days <u>after an illness of</u> (Signed) <u>a few days</u> M. D. *In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
AGE <u>44</u> yrs. <u>7</u> mos. <u>18</u> days If less than 1 day hrs., or min.			
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			
BIRTHPLACE (State or country) <u>Texas</u>			
PARENTS			
NAME OF FATHER <u>R. M. Hughes</u>			
BIRTHPLACE OF FATHER (State or country) <u>Dallas - Texas</u>			
MAIDEN NAME OF MOTHER <u>Mrs A. E. Johnson</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Sabine Parish Louisiana</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>W. F. Munch</u>			
(Address) <u>Hereford - Arizona</u>			
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL	
<u>Montezuma Canyon</u>		<u>March 30 1913</u>	
UNDERTAKER		ADDRESS	
<u>Friends</u>			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>March</u> <u>28</u> <u>1913</u> (Month) (Day) (Year)			
I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u> <u>Dr. Hawley of Bisbee Arizona</u> Was disease contracted in Arizona? If not, where? <u>not collected</u> CONTRIBUTORY <u>March - 27th</u> (Duration) yrs. mos. days <u>after an illness of</u> (Signed) <u>a few days</u> M. D. *In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.			
Former or Usual Residence			
Filed 191 <u>Bluf Johnston</u> Local Registrar			
Filed <u>5/7</u> 191 <u>3</u> <u>L. L. Mines</u> County Registrar.			